

Survey of Income and Program Participation (SIPP)-2001 Panel

Wave 6 - Topical Module Items Booklet

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**Medical Expenses and Utilization of Health Care
(Adults and Children) Topical Module**

2001 Panel Wave 6
Medical Expenses and Utilization of Health Care Services Topical Module

-FIN1-

Now I am going to ask questions about the sharing of major expenses with the household.

Do you pay for all your housing expenses with your own money?

- (1) Yes
- (2) No

-FIN2-

Do you pay for all your food expenses with your own money?

- (1) Yes
- (2) No

-FIN3-

Do you pay for all your other living expenses such as clothing, transportation, etc., with your own money?

- (1) Yes
- (2) No

-FIN4-

Does all or part of the money to pay for these expenses come from someone in this household?

- (1) Yes
 - (2) No
-

-FIN5-

Who are these persons?

ENTER "A" FOR ALL
ENTER LINE NUMBER OF EACH PERSON
(N) No more

-ME01-

These next few questions are about your health. Would you say your health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
 - (2) Very good
 - (3) Good
 - (4) Fair
 - (5) Poor
-

-ME02-

During the past 12 months, that is, the period from today back to this date one year ago, were you a patient in a hospital overnight or longer?

- (1) Yes
 - (2) No
-

-ME03-

How many nights in all did you spend in a hospital of any type during the past 12 months?

ENTER "N" FOR NONE OR NO TIMES

____ nights

-ME04-

Which of the following best describes the reasons why you entered the hospital during the most recent stay of one night or longer.

FR NOTE: READ ALL ANSWER CATEGORIES BELOW.

- (1) Yes - Applies
- (2) No - Does not apply

Diagnostic tests to determine what was wrong?
Give birth, including cesarean section?
Operation or surgery?
Treatment or therapy, not including surgery?
Any other reason?

-ME05-

During the past 12 months, did you take any prescription medications?

- (1) Yes
- (2) No

-ME06-

Do you take prescription medicines on a daily basis?

- (1) Yes
- (2) No

-ME07-

Do you have the Flashcard pamphlet we sent you in the mail?
It would have come with the introductory letter.

- (1) Yes
 - (2) No
-

-ME08-

During the past 12 months, how many visits did you make to a dentist or other dental professional such as a hygienist, orthodontist, or oral surgeon?

ENTER "N" FOR NONE OR NO TIMES

____ times

-ME09-

Have you lost any of your permanent adult teeth?

- (1) Yes
 - (2) No
-

-ME10-

Have you lost ALL of your permanent adult teeth?

- (1) Yes
 - (2) No
-

-ME11-

[During the/Not counting contacts during hospital stays during the] past 12 months, how many times did you see or talk to a medical doctor or other medical provider about your health?

ENTER "N" FOR NONE OR NO TIMES

____ times

-ME12-

Did that visit or call include contact with a physician?

- (1) Yes
 - (2) No
-

-ME13-

About how many of those [FILL IN VALUE FROM -ME11-] visits or calls included contact with a physician?

ENTER "A" FOR ALL TIMES

ENTER "N" FOR NONE OR NO TIMES

____ times

-ME14-

In the last 12 months, did you purchase any other medical supplies or services such as over the counter medicines, eyeglasses or contact lenses, diabetic equipment, or transportation services?

(1) Yes

(2) No

-ME15-

[During the/Including days while a patient at a hospital, during the] past 12 months, about how many days did illness or injury keep you in bed more than half of the day?

ENTER "N" FOR NONE OR NO TIMES

____ days

-ME16-

During the past 12 months, about how much did you pay for health insurance for yourself or others in the household?

NOTE TO FR: If someone else in the household pays for the health insurance that covers this respondent, do NOT try to separate the amounts for each person. Just mark N (none) for this respondent and mark the whole amount when you ask this question for the person who pays the premium.

ENTER "N" FOR NO PAYMENTS

____ dollars

-ME17-

Was it...

- (N) None
- (1) \$1-\$10
- (2) \$11 to \$50
- (3) \$51 to \$100
- (4) \$101 to \$200
- (5) \$201 to \$300
- (6) \$301 to 500
- (7) \$501 to \$1000
- (8) \$1001 to \$5000
- (9) \$5001+

-ME18-

During the past 12 months, about how much was paid for your own medical care, including payments for hospital visits, medical providers, dentists, medicine, or medical supplies? Exclude Health Insurance premiums.

Include any amount paid on your behalf by you or anyone else in this household.

ENTER "N" FOR NO PAYMENTS

_____ dollars

-ME19-

Was it...

- (N) None
 - (1) \$1-\$10
 - (2) \$11 to \$50
 - (3) \$51 to \$100
 - (4) \$101 to \$200
 - (5) \$201 to \$300
 - (6) \$301 to 500
 - (7) \$501 to \$1000
 - (8) \$1001 to \$5000
 - (9) \$5001+
-

-ME20-

Were these amounts for medical care and health insurance the total cost to your household or did you get reimbursed by some outside source?

- (1) Total Cost
- (2) Got Reimbursed
- (3) Expects to get reimbursed but has not yet

-ME21-

How much of these expenses were reimbursed?

ENTER "N" FOR NONE

ENTER "A" FOR ALL EXPENSES REIMBURSED

_____ dollars

OR

_____ % (percent reimbursed if answer given as a percentage)

-MEWR01-

Earlier you said that you were not covered by any health insurance.
During the time you were not covered did you go to a dentist or other dental professional?

- (1) Yes
- (2) No

-MEWR02-

Earlier you said that you were not covered by any health insurance.
During that time, did you go to a doctor, nurse, or another health care provider?

- (1) Yes
 - (2) No
-

-MEWR03-

Did you receive treatment for an illness or injury?

(1) Yes

(2) No

-MEWR04-

Did you receive any routine or preventive care, such as a checkup, or family planning?

(1) Yes

(2) No

-MEWR05-

Did you receive treatment for a drug or alcohol problem?

(1) Yes

(2) No

-MEWR06-

What kind of treatment did you receive?

-MEWR07-

Where did you go to get those health care services?

MARK ALL THAT APPLY ENTER "N" AFTER LAST ENTRY

- (1) Clinic or Public Health Department
- (2) Emergency room
- (3) Hospital, excluding emergency room
- (4) VA hospital
- (5) Doctor's office
- (6) Dentist's office
- (7) Someplace else

What was that?

-MEWR08-

Were these services free, or did you have to pay something for them?

- (1) Free
- (2) Paid something
- (3) Both (if respondent volunteers)

-MEWR09-

Do you think you paid the full price for these services or do you think you paid a reduced price?

- (1) Full price
- (2) Reduced price
- (3) Don't know

-MEWR10-

Did anyone ask what your income was before they set a price for the services?

- (1) Yes
 - (2) No
-

-ME22-

The next few questions are about the health of your child(ren)
(read above for names of all children).

Would you say [Child's Names]'s health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor

-ME23-

During the past 12 months, was [Child's Name] a patient in a hospital overnight or longer?

- (1) Yes
- (2) No

-ME24-

Which children were in a hospital overnight or longer?

ENTER "A" FOR ALL
ENTER LINE NUMBER OF EACH CHILD

(N) No more

-ME25-

How many nights in all did [Child's Name] spend in a hospital of any type during the past 12 months?

ENTER "N" FOR NONE OR NO TIMES

____ Nights

-ME26-

Which of the following best describes the reasons why [Child's Name] entered the hospital during the most recent visit of one night or longer.

FR NOTE: READ ALL ANSWER CATEGORIES BELOW.

- (1) Yes - Applies
- (2) No - Does not apply

Diagnostic tests to determine what was wrong?
Give birth, including cesarean section (mother)
To be born (baby)?
Operation or surgery?
Treatment or therapy, not including surgery?
Any other reason?

-ME27-

During the past 12 months did (read above for names of all children) take any prescription medications?

- (1) Yes
- (2) No

-ME28-

Which children took prescription medications?

ENTER "A" FOR ALL
ENTER LINE NUMBER OF EACH CHILD

(N) No more

-ME29-

Does [Child's Name] take prescription medicines on a daily basis?

- (1) Yes
 - (2) No
-

-ME30-

During the past 12 months, did (read above for names of all children) visit a dentist, or other dental professional such as a hygienist, orthodontist, or oral surgeon?

- (1) Yes
- (2) No

-ME31-

Which children visited a Dentist?

ENTER "A" FOR ALL
ENTER LINE NUMBER OF EACH CHILD

- (N) No more

-ME32-

During the past 12 months, how many visits did [Child's Name] make to a dentist?

ENTER "N" FOR NONE OR NO TIMES

____ times

-ME33-

Dental sealants are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are different from fillings, caps, crowns, and fluoride treatments.

Has [Child's Name] ever had dental sealants painted on their teeth?

- (1) Yes
 - (2) No
-

-ME34-

During the past 12 months, did you or anyone else see or talk to a medical doctor or other medical provider about (read above for names of all children)'s health?

- (1) Yes
- (2) No

-ME35-

For which children?

ENTER "A" FOR ALL
ENTER LINE NUMBER OF EACH CHILD

ENTER "N" FOR "NO MORE" AFTER LINE ENTRIES

-ME36-

[During the/Not counting contacts during hospital stays during the] past 12 months, about how many times did you or anyone else see or talk to a medical doctor or other medical provider about [Child's Name]'s health?

ENTER "N" FOR NONE OR NO TIMES
____ times

-ME37-

Did that visit or call include contact with a physician?

- (1) Yes
 - (2) No
-

-ME38-

In the past 12 months, about how many of the visits or calls included contact with a physician?

ENTER "A" FOR ALL VISITS

ENTER "N" FOR NONE

_____ times

-ME39-

In the last 12 months, did you or anyone else buy for (read above for names of all children) any other medical supplies or services such as over the counter medicines, eyeglasses or contact lenses, diabetic equipment, or transportation services?

(1) Yes

(2) No

-ME40-

For which children were purchases made?

ENTER "A" FOR ALL

ENTER LINE NUMBER OF EACH CHILD

(N) No more

-ME40a-

During the past 12 months, about how much was paid by anyone in this household for [Child's Name] medical care, including payments for hospital visits, medical providers, dentists, medicine, or medical supplies? Exclude Health Insurance premiums.

ENTER "N" FOR NO PAYMENTS

_____ dollars

-ME40b-

Was it...

- (N) None
- (1) \$1-\$10
- (2) \$11 to \$50
- (3) \$51 to \$100
- (4) \$101 to \$200
- (5) \$201 to \$300
- (6) \$301 to 500
- (7) \$501 to \$1000
- (8) \$1001 to \$5000
- (9) \$5001+

-ME40c-

Were these amounts for medical care for [Child's Name] the total cost to your household or did you get reimbursed by some outside source?

- (1) Total Cost
- (2) Got Reimbursed
- (3) Expects to get reimbursed but has not yet

-ME40d-

How much of these expenses for [Child's Name] were reimbursed?

ENTER "N" FOR NONE

ENTER "A" FOR ALL EXPENSES REIMBURSED

____ dollars

OR

____ % (percent reimbursed if answer given as a percentage)

-ME41-

We have recorded that your health or condition prevents you from working.

For how long have you been prevented from working? Has it been a year or longer, or has it been less than a year?

- (1) A year or longer
- (2) Less than a year

-ME42-

Is it likely that you will be able to work at some time in the next 12 months?

- (1) Yes
 - (2) No
-

End of the Medical Expenses and Utilization of Health Care Services Topical Module

**Work Related Expenses, Child Support Paid and
Child Care Poverty Topical Module**

2001 Panel Wave 6
Work Related Expenses and Child Support Paid Topical Modules

-PV01-

Now I have a few questions about your work related expenses, including transportation to work.

Let's talk about your job with, [Employer's Name].

During the typical week, how did you get to work?

Did you drive, ride in someone else's vehicle, take public transportation, use some combination, or some other way?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Drove own vehicle
 - (2) Rider in someone else's vehicle/van pool
 - (3) Public transportation (bus, train, subway, etc.)
 - (4) Walked or bicycled
 - (5) Other
-

-PV02-

Now I have a few questions about your work related expenses, including transportation to work.

Let's talk about your businesses.

During the typical week, how did you get to work?

Did you drive, ride in someone else's vehicle, take public transportation, use some combination, or some other way?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Drove own vehicle
- (2) Rider in someone else's vehicle/van pool
- (3) Public transportation (bus, train, subway, etc.)
- (4) Walked or bicycled
- (5) Other

-PV03-

Now I have a few questions about you work related expenses, including transportation to work.

During the typical week, how did you get to your work?

Did you drive, ride in someone else's vehicle, take public transportation, use some combination, or some other way?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Drove own vehicle
 - (2) Rider in someone else's vehicle/van pool
 - (3) Public transportation (bus, train, subway, etc.)
 - (4) Walked or bicycled
 - (5) Other
-

-PV04-

Altogether, about how many miles per week did you usually drive your vehicle as part of your work commute?

_____ Miles per week

-PV05-

Do you have to pay for parking or tolls as a part of your work-commuting expenses?

(1) Yes

(2) No

-PV06-

Typically, how much did you spend PER WEEK for parking or tolls?

\$ _____

-PV07-

During a typical week, about how much were your work commuting expenses?

\$ _____

-PV08-

Not counting expenses your employer paid, did you have any work-related expenses such as licenses, permits, union dues, special tools, or uniforms for your work?

(1) Yes

(2) No

-PV09-

Altogether, how much were your annual expenses for such items?

\$ _____

-PVCCARR-

I'd like you to think about all the child care arrangements used for your child(ren) during your work hours in the last four months.

Did you or your family usually pay for any of these arrangements?

Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.

(1) Yes

(2) No

-PVCCFP-

How much did you or your family pay for child care while you worked:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

in a typical week in [Reference Month 4]?

\$ _____

in a typical week in [Reference Month 3]?

\$ _____

in a typical week in [Reference Month 2]?

\$ _____

in a typical week in [Reference Month 1]?

\$ _____

-PVCCOTH-

Did anyone else pay for all or part of the cost of your child care while you worked?

By this I mean a government agency, an employer, a relative, or friend.

(1) Yes

(2) No

-PVCCWHO-

Who or what agency helped pay for your child care?

[MARK ALL THAT APPLY]

ENTER (N) FOR NONE/NO MORE

- (1) Government (Federal, state, or local government agency, or welfare office)
- (2) Child's other parent
- (3) Employer
- (4) Relative or friend
- (5) Other

-PV10-

Do you have any children under 21 years of age who lived elsewhere with their other parent or guardian at anytime during the past 4 months?

- (1) Yes
- (2) No

-PV11-

How many children?

-PV12-

In the past 4 months, were you required to pay child support for that child?

(FR NOTE: Include payments made directly to the other parent or guardian, payments made through a court or an agency, payments withheld from this persons' paycheck)

- (1) Yes
 - (2) No
-

-PV13-

How much did you pay in child support in:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

[Reference Month 4]?

\$ _____

[Reference Month 3]?

\$ _____

[Reference Month 2]?

\$ _____

[Reference Month 1]?

\$ _____

End of the Work Related, Child Support Paid, and Child Care Poverty Topical Modules

Assets and Liabilities Topical Module

2001 Panel Wave 6
Assets and Liabilities Topical Module

-ALINTRO-

These next questions concern assets and liabilities.

PRESS ENTER TO CONTINUE

-AL01A-

As of [Last Day of Reference Period], did anyone outside of this household owe money to you as the result of the sale of a business or property?
Exclude mortgages owed to you which have already been reported.

- (1) Yes
- (2) No

-AL01B-

How much was owed to you?
If shared, count only your share.

\$ _____

-AL02A-

I recorded earlier that you owned Series E or EE U.S. Savings Bonds.
Did you own them as of [Last Day of Reference Period]?

- (1) Yes
- (2) No

-AL02B-

What was the FACE VALUE of the U.S. Savings Bonds that you owned?
If ownership was shared, count only your share.

\$ _____

-AL02D-

As of [Last Day of Reference Period], did you own jointly with your spouse any checking accounts which did not earn interest?
(Do not include any jointly owned interest-earning checking accounts reported earlier.)

- (1) Yes
- (2) No

-AL02E-

What is your best estimate of the amount of money you and your spouse had in those checking accounts as of [Last Day of Reference Period]?

(N) None

\$ _____

-AL02F-

As of [Last Day of Reference Period], did you and your spouse together owe any money for -

- (1) Yes
- (2) No

Store bills or credit card bills?

Loans obtained through a bank or credit union, other than car loans or home equity loans?

Any other debt we have not yet mentioned, including medical bills not covered by insurance, money owed to private individuals, or any other debt not covered and excluding mortgages, home equity loans, and car loans?

-AL03A-

How much was owed as of [Last Day of Reference Period] for -

Store bills or credit card bills?

\$ _____

Loans obtained through a bank or credit union, other than car loans or home equity loans? \$ _____

Any other debt we have not yet mentioned including medical bills not covered by insurance, money owed to private individuals, and any other debt not covered and excluding mortgages, home equity loans, and car loans?

\$ _____

-AL04A-

Beside any checking accounts owned jointly with your spouse, as of [Last Day of Reference Period], did you own any other checking accounts which did NOT earn interest in your OWN name?

(1) Yes

(2) No

-AL04B-

What is your best estimate of the amount of money you had in those checking accounts as of [Last Day of Reference Period]?

(N) None

\$ _____

-AL04C-

Did you have any debts, such as credit card bills, loans from a financial institution, or educational loans, in your OWN name?

(1) Yes

(2) No

-AL04D-

As of [Last Day of Reference Period], did you owe any money in your own name for -

- (1) Yes
- (2) No

Store bills or credit card bills?

Loans obtained through a bank or credit union, other than car loans or home equity loans?

Any other debt we have not yet mentioned including medical bills not covered by insurance, money owed to private individuals, and any other debt not covered and excluding mortgages, home equity loans, and car loans?

-AL05A-

How much was owed as of [Last Day of Reference Period] for -

Store bills or credit card bills?

\$ _____

Loans obtained through a bank or credit union, other than car loans or home equity loans? \$ _____

Any other debt we have not yet mentioned including medical bills not covered by insurance, money owed to private individuals, and any other debt not covered and excluding mortgages, home equity loans, and car loans?

\$ _____

-AL06A-

I recorded earlier that you owned an IRA or KEOGH account.

As of [Last Day of Reference Period], did you have an Individual Retirement Accounts - any IRAS?

- (1) Yes
 - (2) No
-

-AL06B-

For how many years have you contributed to your IRA accounts?

(L) Less than 1 Year

-AL06C-

As of [Last Day of Reference Period], what was the total balance or market value (including interest earned) of the IRA accounts in your own name?

(N) None

\$ _____

-AL06D-

Was the total -

- (1) Less than \$ 5,000
- (2) \$ 5,000 to \$25,000
- (3) \$25,001 to \$50,000
- (4) More than \$50,000?

-AL06E-

As of [Last Day of Reference Period], which kinds of assets did you hold in your IRA accounts?

Was your IRA account invested in (READ CATEGORIES) -

Enter "N" after last category.

- (1) Certificates of deposit or other saving certificates
- (2) Money market funds
- (3) U.S. Government securities
- (4) Municipal or corporate bonds
- (5) U.S. Savings Bonds
- (6) Stocks or mutual fund shares
- (7) Other assets

-AL06F-

Please specify the Other Assets.

- 1) _____
- 2) _____

-AL06G-

As of [Last Day of Reference Period], did you have a KEOGH account in your OWN name?

- (1) Yes
- (2) No

-AL06H-

For how many years have you contributed to your KEOGH account?

- (L) Less than 1 Year

-AL06I-

As of [Last Day of Reference Period], what was the total balance or market value of assets in your KEOGH account(s)?

- (N) None

\$ _____

-AL06J-

Was the total -

- (1) Less than \$ 5,000
 - (2) \$5,000 to \$25,000
 - (3) \$25,001 to \$50,000
 - (4) More than \$50,000?
-

-AL06K-

As of [Last Day of Reference Period], which kinds of assets did you hold in your KEOGH account(s)?

Was your KEOGH account invested in (READ CATEGORIES) -

Enter 'N' after last category

- (1) Certificates of deposit or other savings certificates
- (2) Money market funds
- (3) U.S. Government securities
- (4) Municipal or corporate bonds
- (5) U.S. Savings bonds
- (6) Stocks or mutual fund shares
- (7) Other assets

-AL06L-

Please specify the other assets held.

- 1) _____
- 2) _____

-AL07A-

I recorded earlier that you participated in a 401K or thrift plan.

As of [Last Day of Reference Period], did you have any 401K or thrift plan accounts in your OWN name?

- (1) Yes
- (2) No

-AL07B-

For how many years have you contributed to your 401K or thrift plans?

- (L) Less than 1 Year
-

-AL07C-

As of [Last Day of Reference Period], what was the total balance or market value (including interest earned) of any 401K or thrift plans held in your own name?

(N) None

\$ _____

-AL07D-

Was the total -

- (1) Less than \$ 5,000
- (2) \$ 5,000 to \$25,000
- (3) \$25,001 to \$50,000
- (4) More than \$50,000?

-AL07E-

As of [Last Day of Reference Period], which kinds of assets did you hold in your 401K or thrift plans?

Was your 401K/thrift plan invested in (READ CATEGORIES) -

Enter "N" after last category.

- (1) Certificates of deposit or other saving certificates
- (2) Money market funds
- (3) U.S. Government securities
- (4) Municipal or corporate bonds
- (5) U.S. Savings Bonds
- (6) Stocks or mutual fund shares
- (7) Other assets

-AL07F-

Please specify the Other Assets.

- 1) _____
- 2) _____

-AL07G-

As of [Last Day of Reference Period], did you have any life insurance?
Include group policies provided by employers.

- (1) Yes
- (2) No

-AL07H-

What is the CURRENT FACE VALUE of ALL life insurance policies that you have?

\$ _____

-AL07I-

What types of life insurance do you have - is it "term insurance",
"whole life", or do you have both of these types?

- (1) Term only
- (2) Whole life only
- (3) Both types

-AL08A-

Are any of your life insurance policies provided through your current employer(s)?

- (1) Yes
- (2) No

-AL08B-

What is the FACE VALUE of the life insurance policies provided through your
employer(s)?

\$ _____

End of the Assets and Liabilities Topical Module

**Real Estate, Shelter Costs, Dependent Care, and Vehicles
Topical Module**

2001 Panel Wave 6
Real Estate, Shelter Costs, Dependent Care, and Vehicles Topical Module

-RE01-

The next questions are about housing costs and automobile ownership.

PRESS "ENTER" TO CONTINUE

-RE02-

ASK IF NOT APPARENT:

Is this residence a mobile home?

(1) Yes

(2) No

-RE03-

Which persons in this household are the owners of this home?

ENTER LINE NUMBER OF PERSON(S) IN HOUSEHOLD WHO OWN HOME.
ENTER (N) FOR NONE/NO MORE

-RE04-

When was this home purchased?

MONTH: ____

YEAR: ____

-RE05-

Is there a mortgage, home equity loan, or other debt on this home?

FR NOTE: Include rental properties attached to or located in the residence.

(1) Yes

(2) No

-RE06-

Altogether, how many mortgages, home equity loans, or other debts are there on this home?

FR NOTE: If respondent reports "0" enter "N" for None.

_____ Number

(N) None

-RE07-

How much principal is currently owed on the first mortgage or loan?

If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.

\$ _____

-RE08-

In what year was the first mortgage or loan obtained?

If the mortgage was assumed, report the original date of the mortgage.

YEAR: _____

-RE09-

And in which month was the first mortgage or loan obtained?

Month: _____

-RE10-

What was the amount of the mortgage or loan when it was obtained or last refinanced?

If the mortgage was assumed, give the original amount of the mortgage.

\$ _____

-RE11-

What is the total number of years over which payments are to be made?

_____ Number of Years
(N) Not fixed

-RE12-

What is the current annual interest rate on this mortgage or loan?

FR NOTE: ENTER PERCENT FROM 00.01% TO 99.99%

_____ %

-RE13-

Is the interest rate variable or fixed?

FR NOTE : Variable interest rates can change over the term of the mortgage or loan.

- (1) Variable interest rate
 - (2) Fixed interest rate
-

-RE14-

Was this mortgage obtained through an FHA or VA mortgage program?

- (1) Yes - FHA LOAN
 - (2) Yes - VA LOAN
 - (3) No
-

-RE15-

How much principal is currently owed on the second mortgage or loan?

If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.

\$ _____

-RE16-

In what year was the second mortgage or loan obtained?

If the mortgage was assumed, report the original date of the mortgage.

ENTER 4 DIGIT YEAR: _____

-RE17-

And in which month was the second mortgage or loan obtained?

Month: _____

-RE18-

What was the amount of the mortgage or loan when it was obtained or last refinanced?

If the mortgage was assumed, give the original amount of the mortgage.

\$ _____

-RE19-

What is the total number of years over which payments are to be made?

_____ Number of years

(N) Not fixed

-RE20-

What is the current annual interest rate on this mortgage or loan?

FR NOTE: ENTER PERCENT FROM 00.01% TO 99.99%

____ %

-RE21-

Is the interest rate variable or fixed?

FR NOTE: Variable interest rates can change over the term of the mortgage or loan.

- (1) Variable interest rate
 - (2) Fixed interest rate
-

-RE22-

Was this mortgage obtained through an FHA or VA mortgage program?

- (1) Yes - FHA LOAN
 - (2) Yes - VA LOAN
 - (3) No
-

-RE23-

How much principal is currently owed on all the remaining mortgages or loans not reported previously?

If possible, please check any records you may have from any other lender or mortgage company to obtain the most accurate estimate available.

\$ _____

-RE24-

What is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale? Include rental properties attached to or located on this residence.

\$ _____

-RE25-

Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or site?

- (1) Yes
 - (2) No
-

-RE26-

Is this mortgage, contract, or other debt for just the site, or does it also apply to this mobile home?

- (1) Mobile home only
 - (2) Site only
 - (3) Site and home
-

-RE27-

How much principal is currently owed on all mortgages?

\$ _____

-RE28-

How much do you think this mobile home would sell for today if it were for sale?

\$ _____

-RE29-

How much was this household's [fill TEMP2] last month?
Include any condominium or association fees.

FR NOTE: If respondent reports "0" enter "N" for None.

(N) None

\$ _____

-RE30-

How much did this household pay for electricity, gas, basic telephone service, and other utilities last month?

FR NOTE: If respondent reports "0" enter "N" for None.

\$ _____

(N) Nothing or included in rent

(H) Help

-RE31-

Did more than one of the persons living here pay the rent last month?

(1) Yes

(2) No

-RE32-

Which person paid?

ENTER LINE NUMBER OF PERSON WHO PAID

-RE33-

Which persons paid and how much did each pay?

ENTER LINE NUMBERS OF PERSONS WHO PAID.

ENTER (N) FOR NO MORE

Line number	Amount paid last month
Person 1: _____	\$ _____
Person 2: _____	\$ _____
Person 3: _____	\$ _____

-RE34-

Last month, did anyone here pay for the care of a child or a disabled person so that a household member could work, attend training, or look for a job?

(1) Yes

(2) No

-RE35-

What was the total cost of these care arrangements last month?

\$ _____

-RE36-

Do you own any other real estate such as a vacation home or undeveloped lot? Exclude rental property previously reported or rental property attached to or located on the same land as your own residence.

(1) Yes

(2) No

-RE37-

Which household members own this property?

ENTER LINE NUMBERS OF HOUSEHOLD MEMBERS WHO OWN PROPERTY.

ENTER (N) FOR NONE/NO MORE.

-RE38-

What is the total value of the equity in this real estate?

\$ _____
(H) Help

-RE39-

Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?

FR NOTE: Do not include leased vehicles or company cars as being owned by the respondent.

(1) Yes
(2) No

-RE40-

How many cars, trucks, or vans do members of this household own?

FR NOTE: Do not include leased vehicles or company cars as being owned by the respondent.

_____ Number of motor vehicles

-RE41-

Who owns the newest motor vehicle?

ENTER LINE NUMBER OF PERSON(S) WHO OWN MOTOR VEHICLE.
ENTER (N) FOR NO MORE.

-RE42-

What is the model year of this vehicle?

(ENTER 4 DIGIT YEAR)

-RE43-

What is the make of this vehicle?

[LIST OF VEHICLE MAKES]

-RE44-

What is the make of this vehicle?

-RE45-

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]

-RE46-

What is the model of this vehicle?

-RE47-

Is this vehicle owned free and clear, or is there still money owed on it?

(1) Money owed

(2) Free and clear

-RE48-

How much is currently owed for this vehicle?

\$ _____

-RE49-

Is this vehicle used primarily either for business purposes or for the transportation of a disabled person?

(1) Yes

(2) No

-RE50-

Who owns the second newest motor vehicle?

ENTER LINE NUMBER OF PERSON(S) WHO OWN MOTOR VEHICLE.
ENTER (N) FOR NO MORE.

-RE51-

What is the model year of this vehicle?

(ENTER 4 DIGIT YEAR)

-RE52-

What is the make of this vehicle?

[LIST OF VEHICLE MAKES]

-RE53-

What is the make of this vehicle?

-RE54-

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]

-RE55-

What is the model of this vehicle?

-RE56-

Is this vehicle owned free and clear, or is there still money owed on it?

- (1) Money owed
- (2) Free and clear

-RE57-

How much is currently owed for this vehicle?

\$ _____

-RE58-

Is this vehicle used primarily either for business purposes or for the transportation of a disabled person?

- (1) Yes
- (2) No

-RE59-

Who owns the third newest motor vehicle?

ENTER LINE NUMBER OF PERSON(S) WHO OWNS MOTOR VEHICLE.
ENTER (N) FOR NO MORE.

-RE60-

What is the model year of this vehicle?

(ENTER 4 DIGIT YEAR)

-RE61-

What is the make of this vehicle?

[LIST OF VEHICLE MAKES]

-RE62-

What is the make of this vehicle?

-RE63-

What is the model of this vehicle?

[LIST OF VEHICLE MODELS]

-RE64-

What is the model of this vehicle?

-RE65-

Is this vehicle owned free and clear, or is there still money owed on it?

(1) Money owed

(2) Free and clear

-RE66-

How much is currently owed for this vehicle?

\$ _____

-RE67-

Is this vehicle used primarily either for business purposes or for the transportation of a disabled person?

- (1) Yes
- (2) No

-RE68-

Does anyone in this household own any other type of vehicle, not used for business, such as a motorcycle, boat, or recreational vehicle (RV)?

- (1) Yes
- (2) No

-RE69-

Does anyone own:

1=Yes 2=No

- (1) A motorcycle: _____
- (2) A boat: _____
- (3) A recreational vehicle (RV): _____
- (4) Another type of vehicle: _____

-RE70-

Which household members own a boat or recreational vehicle?

ENTER LINE NUMBER FOR HOUSEHOLD MEMBER(S).
ENTER (N) FOR NO MORE.

-RE71-

If this boat/recreational vehicle were sold, what would it sell for in its present condition?

\$ _____

-RE72-

Is this motorcycle/boat/recreational vehicle owned free and clear, or is there still money owed on it?

- (1) Money owed
- (2) Free and clear

-RE73-

How much is currently owed for this motorcycle/boat/recreational vehicle?

\$ _____

-RE74-

Which household members own a boat/recreational vehicle?

ENTER LINE NUMBER FOR HOUSEHOLD MEMBER(S).
ENTER (N) FOR NO MORE.

-RE75-

If this boat/recreational vehicle were sold, what would it sell for in its present condition?

\$ _____

-RE76-

Is this boat/recreational vehicle owned free and clear, or is there still money owed on it?

- (1) Money owed
 - (2) Free and clear
-

-RE77-

How much is currently owed for this boat/recreational vehicle?

\$ _____

End of the Real Estate, Shelter Costs, Dependent Care, and Vehicles Topical Module

Value of Business Topical Module

2001 Panel Wave 6
Value of Business Topical Module

-VB03-

As of [Last Day of Reference Period], what percent of [Business Name] did you own?

(Value Between 1% and 100%)

-VB04-

****DO NOT READ TO RESPONDENT****

Has information below about the total value and total debt for [Business Name] already been obtained from another household member?

(1) Yes

(2) No

-VB05-

As of [Last Day of Reference Period], what was the total value of [Business Name] before figuring in any debts that might be owed against it?

\$ _____

(N) None

(H) Help

-VB07-

Was the value:

(1) Less than \$1

(2) Between \$1 and \$1,000

(3) Between \$1,001 to \$ 10,000

(4) Between \$ 10,001 to \$100,000

(5) More than \$100,000?

-VB08-

As of [Last Day of Reference Period], what was the total debt owed against [Business Name]?

\$ _____
(N) None
(H) Help

-VB10-

Was the debt:

- (1) Less than \$1
- (2) Between \$1 to \$1,000
- (3) Between \$1,001 to \$10,000
- (4) Between \$ 10,001 to \$100,000
- (5) More than \$100,000?

End of the Value of Business Topical Module

Interest Earning Accounts Topical Module

2001 Panel Wave 6
Interest Earning Accounts Topical Module

-IAJ07-

I recorded earlier that you owned these assets jointly with your spouse:

[List of Assets Reported]

As of [Last Day of Reference Period], what was the total amount that you and your spouse had in these jointly held accounts?

(N) None

\$ _____

-IAJ08-

Was it -

- (1) Less than \$500
- (2) \$500 to \$1,000
- (3) \$1,001 to \$5,000
- (4) More than \$5,000

-IAI03-

Earlier I recorded that you owned the following assets in your own name:

[List of Assets Reported]

As of [Last Day of Reference Period], what was the total amount that you had in these accounts?

(N) None

\$ _____

-IAI04-

Was it -

- (1) Less than \$500
- (2) \$500 to \$1,000
- (3) \$1,001 to \$5,000
- (4) More than \$5,000?

-IMJ05-

I recorded earlier that you and your spouse jointly owned:

[Municipal or Corporate Bonds/U.S. Government Securities]

As of [Last Day of Reference Period], what was the total amount that you and your spouse had in these jointly held accounts?

(N) None

\$ _____

-IMJ06-

Was it -

- (1) Less than \$1,000
 - (2) \$1,000 to \$5,000
 - (3) \$5,001 to \$10,000
 - (4) More than \$10,000?
-

-IMI03-

Earlier you told me that you owned in your own name:

[Municipal or Corporate Bonds/U.S. Government Securities]

As of [Last Day of Reference Period], what was the total amount that you held in these assets?

(N) None

\$ _____

-IMI04-

Was it -

- (1) Less than \$1,000
- (2) \$1,000 to \$5,000
- (3) \$5,001 TO \$10,000
- (4) More than \$10,000?

End of the Interest Earning Accounts Topical Module

Rental Property Topical Module

2001 Panel Wave 6
Rental Properties Topical Module

-RJ01-

I recorded earlier that you owned rental property jointly with your spouse,

Did you and your spouse own rental property as of [Last Day of Reference Period]?

(1) Yes

(2) No

-RJ02-

How many properties did you own jointly with your spouse as of [Last Day of Reference Period]?

(01 to 99)

-RJ03-

What type of properties were they?

(Mark all that apply.)

(Mark "N" for "No More" when finished.)

(1) Vacation home

(2) Other residential property

(3) Farm property

(4) Commercial property

(5) Equipment

(6) Other

-RJ04-

Please specify the type of property.

-RJ05-

Were any of these properties attached to or located on the same land as your own residence?

- (1) Yes
- (2) No

-RJ06-

FR Instruction: Please ask or verify.

Were all of these properties attached to or located on the same land as your own residence?

- (1) Yes
- (2) No

-RJ07-

Excluding properties attached to or located on your own residence,

What was the total market value of the rental properties as of [Last Day of Reference Period]?

\$ _____

-RJ08-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$75,000
- (3) \$75,001 to \$100,000
- (4) More than \$100,000

-RJ09-

Excluding properties attached to or located on your own residence,

Was there a mortgage, deed of trust, or other debt on the properties as of [Last Day of Reference Period]?

- (1) Yes
- (2) No

-RJ10-

As of [Last Day of Reference Period], how much principal was owed on the property?

(N) None

\$ _____

-RJ11-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$50,000
- (3) \$50,001 to \$100,000
- (4) More than \$100,000

-RI01-

I recorded earlier that you owned rental property in your own name.

Did you own any rental property in your own name as of [Last Day of Reference Period]?

- (1) Yes
- (2) No

-RI02-

How many properties did you own in your OWN name as of [Last Day of Reference Period]?

-RI03-

What type of properties were they?

(Mark all that apply.)

(Mark "N" for "No More" when finished.)

- (1) Vacation home
- (2) Other residential property
- (3) Farm property
- (4) Commercial property
- (5) Equipment
- (6) Other

-RI04-

Please specify the type of property.

-RI05-

Were any of these properties attached to or located on the same land as your own residence?

- (1) Yes
- (2) No

-RI06-

FR Instruction: Ask or verify.

Were all of these properties attached to or located on the same land as your own residence?

- (1) Yes
 - (2) No
-

-RI07-

Excluding properties attached to or located on your own residence, What was the total market value of the rental property as of [Last Day of Reference Period]?

\$ _____

-RI08-

Was it -

- (1) Less than \$25,000
 - (2) \$25,000 to \$75,000
 - (3) \$75,001 to \$100,000
 - (4) More than \$100,000
-

-RI09-

Excluding properties attached to or located on your own residence, Was there a mortgage, deed of trust, or other debt on the properties as of [Last Day of Reference Period]?

- (1) Yes
 - (2) No
-

-RI10-

As of [Last Day of Reference Period], how much principal was owed on the properties?

(N) None

\$ _____

-RI11-

Was it -

- (1) Less than \$25,000
 - (2) \$25,000 to \$50,000
 - (3) \$50,001 to \$100,000
 - (4) More than \$100,000
-

-RNT01-

I recorded earlier that you owned rental property jointly with other people besides your spouse.

Did you jointly own any rental property jointly with other people besides your spouse as of [Last Day of Reference Period]?

- (1) Yes
- (2) No

-RNT02-

How many properties did you own jointly with other people as of [Last Day of Reference Period]?

-RNT03-

What type of properties were they?

(Mark all that apply)

(Mark "None" for "No More" when finished.)

- (1) Vacation home
- (2) Other residential property
- (3) Farm property
- (4) Commercial property
- (5) Equipment
- (6) Other

-RNT04-

Please specify the type of property.

-RNT07-

What was the total market value of the rental [fill TEMP5] as of [Last Day of Reference Period]?

\$ _____

-RNT08-

Was there a mortgage, deed of trust, or other debt on the properties as of [Last Day of Reference Period]?

(1) Yes

(2) No

-RNT09-

As of [Last Day of Reference Period], how much principal was owed on the properties?

(N) None

\$ _____

-RNT10-

What was the total value of your share of equity in the rental properties owned jointly with others as of [Last Day of Reference Period]?

("Equity" is the total market value of the property, less any debts held against it.)

(N) None

\$ _____

-RNT11-

Was it -

- (1) Less than \$25,000
- (2) \$25,000 to \$75,000
- (3) \$75,001 to \$100,000
- (4) More than \$100,000

End of the Rental Properties Topical Module

Stocks and Mutual Fund Shares Topical Module

2001 Panel Wave 6
Stocks and Mutual Fund Shares Topical Module

-SMJ02-

I recorded earlier that you owned mutual funds.

Did you own any of these funds jointly with your spouse as of [Last Day of Reference Period]?

- (1) Yes
- (2) No

-SMJ03-

I recorded earlier that you owned stocks.

Did you own any of these stocks jointly with your spouse as of [Last Day of Reference Period]?

- (1) Yes
- (2) No

-SMJ04-

As of [Last Day of Reference Period], what was the market value of the stocks and mutual funds held jointly by you and your spouse?

(Exclude stock in own corporation if the value of that corporation was already obtained.)

(N) None

\$ _____

-SMJ05-

Was it -

- (1) Less than \$1,000
- (2) \$1,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) More than \$25,000?

-SMJ06-

Was any debt or margin account held against these jointly held stocks and mutual funds as of [Last Day of Reference Period]?

- (1) Yes
- (2) No

-SMJ07-

As of [Last Day of Reference Period], what was the amount of the debt or margin account?

(N) None

\$ _____

-SMI02-

I recorded earlier that you owned stocks and mutual funds.

Besides the stocks or mutual fund shares held jointly with your spouse, did you hold any other stocks or mutual fund shares in your own name as of [Last Day of Reference Period]?

- (1) Yes
 - (2) No
-

-SMI03-

As of [Last Day of Reference Period], what was the market value of the stocks and mutual fund shares owned in your own name?

(Exclude stock in own corporation if value of that corporation was already obtained.)

(N) None

\$ _____

-SMI04-

Was it -

- (1) Less than \$1,000
- (2) \$1,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) More than \$25,000

-SMI05-

Did you have a debt or margin account held against these stocks or mutual funds as of [Last Day of Reference Period]?

- (1) Yes
 - (2) No
-

-SMI06-

As of [Last of Reference Period], what was the amount of the debt or margin account?

(N) None

\$ _____

End of the Stocks and Mutual Fund Shares Topical Module

Mortgages Topical Module

2001 Panel Wave 6
Mortgages Topical Module

-MO2A-

I recorded earlier that you jointly held a mortgage with your spouse.

As of [Last Day of Reference Period], how much principal was owed to you and your spouse this mortgage?

(Include principal for all mortgages jointly held.)

(N) None

\$ _____

-MO2B-

Was it -

- (1) Less than \$10,000
- (2) \$10,000 to \$25,000
- (3) \$25,001 to \$50,000
- (4) Over \$50,000

-M04-

I recorded earlier that you owned a mortgage in your own name.

As of Last Day of Reference Period, how much principal was owned to you on this mortgage or these mortgages?

(N) None

\$ _____

-MO5-

Was it -

- (1) Less than \$10,000
- (2) \$10,000 to \$25,000
- (3) \$25,001 to \$50,000
- (4) Over \$50,000

End of the Mortgages Topical Module

Other Assets Topical Module

2001 Panel Wave 6
Other Financial Investments Topical Module

-OA02-

Earlier you reported owning other financial investments:

[NAMES OF ASSETS(S)]

As of [Last Day of the Reference Period], what was your equity in these investments?

(Equity is the total market value of the property, less any debts held against it. If the investment is jointly owned, count only your share of equity.)

(N) None

\$ _____

-OA03-

Was it -

- (1) Less than \$1,000
- (2) \$1,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) More than \$25,000?

End of the Other Assets Topical Module